

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039343

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5758 Registrar's No. 164

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550

2 0680

3 1

4 0

5 1

6 0

7 0

8 1

9 163X

10 0

11 0

12 93-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in 1b <u>35 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State San.</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>OLIND</u> Middle <u>LLOYD</u> Last <u>PURSLEY</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-5-99</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Woolen Mills - Asbestos</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cooper County Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Preston Wilcox Pursley</u>		13b. MOTHER'S MAIDEN NAME <u>Celeste Malvia Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Velma Pursley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Records - Mo. State San</u>		17. INFORMANT <u>Records - Mo. State San</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma - left lung, extensive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>With metastases to brain.</u> DUE TO (c) <u>3 months</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>7-31-62</u> Month <u>10-6-62</u> Day <u>10-6-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>7-31-62</u> to <u>10-6-62</u> and last saw her alive on <u>10-6-62</u> Death occurred at <u>5:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>1111 Vernon</u>	
22c. DATE SIGNED <u>10-6-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>10-19-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Prarie Home Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>10-19-62</u>	
23f. FUNERAL DIRECTOR <u>Williams F.H. California Mo.</u>		23g. REGISTRAR'S SIGNATURE <u>Roy Grantham</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. D. Lassett

Licensed Embalmer No. 2201

P. O. Address mt Vernon N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.